



**July 5-9 from 9am- 1pm
For incoming 3rd- 5th graders
At The Connection
79 Maple St. Summit, NJ**

Camp GOTR By Girls on the Run provides a one-of-a kind opportunity for girls of all abilities to develop self confidence and learn life skills they can use now and as they grow. If you are a rising 3rd-5th grade girl who wants to unlock her limitless potential, Camp GOTR is for you!

Throughout the week, girls will have fun exploring friendships with activities designed to discover what makes a good friend and how to be a good friend to others. Girls will move, build, create, write, discuss, connect, and laugh all while participating in games and activities that will leave them feeling confident and appreciated by their teammates.

Price: \$315



79 Maple St. Summit, NJ 07901 | 908.273.4242

(please print neatly)

**PAYMENT FORM
SUMMER CAMP 2021**

Child's Name: _____

Date of Birth : _____ Gender: _____

Age of Child as of 6/21/21: _____

Address: _____

City/Zip: _____

PARENT/GUARDIAN: _____

Primary phone: _____

Email (Required): _____

Email is our primary method of communicating camp information and any last minute changes throughout the summer.

Tee Shirt (Youth Size) XS ___ S ___ M ___ L ___ XL ___

Payment in Full

Enclosed is a check for \$315, payable to **The Connection** or

I authorize The Connection to use my charge account for \$315

Name on card: _____

Visa/MC/AMEX#: _____ Exp.: _____

Signature: _____

**PLEASE CONTINUE TO PAGE 2 FOR
REQUIRED REGISTRATION FORMS**

Child's name: _____

Known medical conditions/information: _____

Are there activities that need to be restricted? _____

Please list all known allergies: _____

Does your child require an EpiPen? Yes ___ No ___ Inhaler? Yes ___ No ___

I understand it is my responsibility to provide my child's treatment plan prescribed by a physician and the medication in its original container, labeled with my child's name.

NOTE: All children must have protection against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella.

Date of last tetanus shot: _____ **OR**

I am attaching a written statement from my child's physician stating that immunization is in progress.

Date of most recent physical examination: _____

Please note: Special circumstances must be addressed with the Camp Director prior to registration.

MEDICAL RELEASE: *This health information is correct, and my child has permission to engage in all activities at The Connection, except as noted by me. In the event that I cannot be reached in an emergency, I give permission to The Connection to obtain necessary emergency medical treatment for my child.*

Parent/Guardian signature _____ Date _____

I would like to further discuss my child's needs with a camp director.

A Camp Director will reach out to you. Email: _____

REQUIRED: AUTHORIZATION TO PICK UP/EMERGENCY CONTACT

Please list all parties given permission to pick up your camper(s) **including yourself if you will pick up.**

Name: _____

Phone number: _____

Relationship to camper: _____

Name: _____

Phone number: _____

Relationship to camper: _____

Name: _____

Phone number: _____

Relationship to camper: _____

*By signing this form I acknowledge that **only** the above parties will be permitted to pick up my camper unless noted in writing. In addition, I understand that any person who comes to pick up my camper that is not listed above will have to park and wait to be verified with me by phone.*

Parent/Guardian signature: _____ Date: _____

REGISTRATION

ALL FORMS MUST BE COMPLETED BEFORE REGISTRATION CAN BE PROCESSED.

Please complete the entire form (front and back) for EACH child.
Mail, drop off, or email to: The Connection, 79 Maple Street, Summit, NJ 07901
Angela.Johnson@TheConnectionOnline.org

By registering your child for any of The Connection Summer Camp programs you understand and agree to the terms of enrollment.

TERMS OF ENROLLMENT:

1. Registration begins on February 8, 2021. Use a separate registration and payment forms for each child. Extra forms may printed from our website, photocopied, or picked up at the front desk.
2. All fees must be paid at registration.
3. **There are no refunds or credits for absence or withdrawal.**
4. Scholarship awards are available. Pick up an application at the front desk or print it from the website.
5. Each family is permitted one camp switch per child at no cost after which there will be a \$30 fee for each switch request.
6. **In order to have the appropriate staff and ensure the safety of all campers, registration will end at 11:59 pm the Thursday prior to the start of a new camp week.**
7. The Connection reserves the right to dismiss, without refund, a camper whose needs we are not able to meet or whose conduct is not in the best interest of other campers.
8. Any camper picked up after the ending time of their camp will be subject to a late pick up charge of \$2/minute.
9. All campers must be fully potty trained (no pull-ups).

If you are paying by credit card, you may download these forms, fill them out and email them back to Angela Johnson at: angela.johnson@theconnectiononline.org

FIELD TRIP PERMISSION

I give permission for my child to take part in all camp activities and to leave the grounds for field trips planned by The Connection.

PHOTO, VOICE, VIDEO, PRESS RELEASE

I give permission for photos and videos taken of my child to be used in The Connection literature, including our Social Media and Website. (Photos and videos will be used for The Connection's purposes **ONLY** and will not include any personally identifiable information such as name, birth date, or address.)

LIABILITY DISCLAIMER

Any person under eighteen (18) participating in Connection programs, must have written consent from a parent or guardian responsible for the participant, releasing The Connection from the responsibilities of any accident(s) occurring. I understand that The Connection accepts no liability for any injury that may occur while my child is participating in the camp program.

PARENTAL SIGNATURE REQUIRED:

Parent/Guardian Signature: _____ **Date:** _____

I have read and agree to all registration information.

ALL FORMS MUST BE COMPLETED BEFORE REGISTRATION CAN BE PROCESSED.



THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection's facility, programs and services comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with my participation at The Connection, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection from viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Connection participation and that said list in no way limits the operation of this Agreement. In consideration for being permitted to utilize the services and programs of The Connection, I and/or my child(ren) will comply with all Connection policies and rules and accept they may be altered by The Connection at any time.

Coronavirus/COVID-19 Warning and Disclaimer: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. Evidence has shown COVID-19 can cause serious and potentially life-threatening illness and even death. The Connection has put in place preventative measures to reduce potential spread of COVID-19 but **cannot guarantee** you or your child(ren) will not be exposed, contract, or spread COVID-19 because the possibility of the presence of the disease cannot be eliminated. Therefore, if you choose to attend The Connection's facility and on or off-site services and programs, **you could increase** your and your child(ren)'s risk of contracting or spreading COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that you and/or your child(ren) may be exposed to, or infected by COVID-19 when utilizing The Connection's facility and/or on or off-site services and programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. You also acknowledge the risk of becoming exposed to, or infected by, COVID-19 while at The Connection or an off-site program may result from the actions, omissions, or negligence of you and others, including, but not limited to, The Connection employees, volunteers and program participants and their families.

WAIVER OF LAWSUIT/LIABILITY: I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Connection, its officers, trustees, employees, volunteers, agents, representatives and insurers (Releasees) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, active or passive, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Connection on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Connection's facilities/equipment or participation in The Connection's programs and services on or off-site whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I have carefully read, fully understand, and agree to all the terms of this Assumption of Risk, Release and Waiver of Liability.

All adult members or parent/guardians of youth members of The Connection must sign the agreement to participate in any Connection program.

Name _____ Date _____

Signature _____